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Written Consent of all Assignees (PTO/SB/53 or 54) X Written Consent of all Assignees (PTO/SB/53 or 54) X 37 C.F.R. § 3.73(b) Statement X Attorney 14. Consent of All Assignees (PTO/SB/53 or 54) In Consent of	X Yes	Box Patent Application Washington, DC 20231 APPLICATION FOR REISSUE OF: (check applicable box) APPLICATION ELEMENTS 1. X * Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing) 2. Y Specification and Claims (amended, if appropriate) 3. Drawing(s) (proposed amendments, if appropriate) 4. X Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52) 5. Original U.S. Patent Offer to Surrender Original Patent (37 C.F.R. § 1.178) (PTO/SB/53 or PTO/SB/54) Or Ribboned Original Patent Grant Affidavit / Declaration of Loss (PTO/SB/55)	First Named Inventor Original Patent Number Original Patent Issue Date (Month/Day/Year) Express Mail Label No. EL558236817US Patent Design Patent Plant Patent ACCOMPANYING APPLICATION/PARTS 7. Foreign Priority Claim (35 U.S.C. 119) (if applicable) 8. X Information Disclosure Statement (IDS)/PTO-1449 English Translation of Reissue Oath/Declaration (if applicable) * Small Entity Statement filed in prior application, Statement(s) (PTO/SB/09-12) 11. X Preliminary Amendment 12. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	Country	X Yes No (II Yes, check applicable box(es)) X Written Consent of all Assignees (PTO/SB/53 or 54) X 37 C.F.R. § 3.73(b) Statement X Power of Attorney 14. Contact State City State State	SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28). CE ADDRESS Or Correspondence address below the bar code label here) Zip Code

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional) RM233d

Claims as Filed - Part 1										
Claims in Number Filed in				Entity	tity Other than a Small Entity					
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The Commissioner is hereby authorized to charge may be required, or credit any overpayment to De A duplicate copy of this sheet is enclosed. A check in the amount of \$ 888.00 to complete the page of the page o	Claims in Patent Patent Total Claims (37 CFR 1.16(j)) Independent Claims as Amended - Part 2 Claims Remaining After Amendment Total Claims (37 CFR 1.16(j)) Independent Claims as Amended - Part 2 (2) (3) (3) (3) (3) (3) (2) (3) (3) (3) (4) (2) (5) (3) (3) (6) (7) (1) (1) (1) (2) (1) (2) (3) (3) (3) (3) (2) (3) (4) (2) (3) (3) (3) (6) (7) (7) (1) (2) (1) (1) (2) (1) (2) (3) (3) (3) (2) (3) (4) (2) (1) (2) (3) (3) (3) (4) (2) (2) (4) (1) (1) (2) (3) (3) (2) (3) (4) (2) (2) (3) (3) (3) (4) (2) (4) (4) (5) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Claims in Patent For Reissue Application (A) 15 Total Claims (37 CFR 1.16(j)) (C) 2 Independent (Claims (37 CFR 1.16(j))) Independent (Claims (37 CFR 1.16(j))) Rate Basic Fee (37 CFR 1.16(h)) Total Filing Fee Claims as Amended - Part 2 (Claims Remaining After Amendment (37 CFR 1.16(j))) Total Claims (37 CFR 1.16(j)) MINUS Total Claims (37 CFR 1.16(j)) Independent (Claims (37 CFR 1.16(j))) Independent (Claims (37 CFR 1.16(j)) Independent (Claims (37 CFR 1.16(j))) Independent (Claims (37 CFR 1.16(j)) Independent (Claims in Patent For Reissue Application Reissue Application Reissue Application Reissue Application Rate Fee (A) 15	Claims in Patent For Reissue Application (A) 15 Total Claims (37 CFR 1.16(j)) (C) 2 Rate Rate Fee (37 CFR 1.16(j)) Claims (37 CFR 1.16(j)) Claims (37 CFR 1.16(j)) Claims Remaining After Amendment Total Claims (37 CFR 1.16(j)) Total Claims (37 CFR 1.16(j)) Claims Remaining After Amendment Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(j)) Total Additional Fee \$ If the entry in (D) is less than the entry in (C), Write "0" in column 3. 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REISSUE APPLICATION BY THE INVENTOR, OFFER TO SURRENDER PATENT

Docket Number (Optional)

RM233d



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Nolan	
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Wheelchair Voice Contro	ol Apparatus
I am the inventor of the original pate	ent.
I offer to surrender the original pate	nt.
1. X Filed herein is a certificat	e under 37 CFR 3.73(b).
2. Ownership of the patent been made.	s in the inventor(s), and no assignment of the patent has
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Typed or printed name Daniel A. Nolan The assignee owning an undivided and the assignee consents to the ar	interest in said original patent is Orville K. Hollenbeck companying application for ressue
Daniel A. Nolan. The assignee owning an undivided and the assignee consents to the art hereby declare that all statements statements made on information arwere made with the knowledge tha fine or imprisonment, or both, unde jeopardize the validity of the applicated declaration is directed.	interest in said original patent is Orville K. Hollenbeck companying application for reissue made herein of my own knowledge are true and that all ad belief are believed to be true; and further that these statements twillful false statements and the like so made are punishable by r 18 U.S.C. 1001 and that such willful false statements may ation, any patent issued thereon, or any patent to which this
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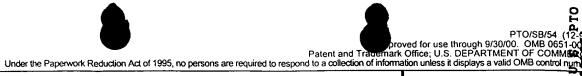
1	Name of Patentee(s)				
· -	Nolan Patent Number		Date Patent Issued		
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	Wheelchair Voice Contro	ol Apparat	ıs		
	I am the inventor of the original pate	ent.			
	I offer to surrender the original pater	nt.			
	1. X Filed herein is a certificate	e under 37 CFR	3.73(b).		
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Name of Patentee(s):	
Nolan	
Patent Number	Date Patent Issued
5,812,978	9/22/98
Title of Invention	
Wheelchair Voice Control	Apparatus
Orville K. Hollenbeck I offer to surrender the original patent.	is the assignee of the entire interest in the original patent.
X A certificate under 37 CFR 3.73(b)) is attached.
I am authorized to act on behalf of the	assignee.
statements made on information and beli were made with the knowledge that willfu- fine or imprisonment, or both, under 18 U	e herein of my own knowledge are true and that all ief are believed to be true; and further that these statements all false statements and the like so made are punishable by J.S.C. 1001 and that such willful false statements may any patent issued thereon, or any patent to which this
Name of assignee	
Orville K. Hollenbeck Signature of person signing for assignee	Date 9/10/2000
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	signing for assignee

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Serial No.	Filing Date	Examiner	Group Art Unit
Invention: Wheelchair	Voice Control Apparatus		
I hereby certify that the Re-Issue Application	e following correspondence:		
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